



MCQ Examination

Select the most appropriate single answer.

Each question = 1 mark

1. A normal two year old child would be expected to:
☒ a. Drink from a cup
☐ b. Draw a triangle
☐ c. Copy a circle
☐ d. Ride a tricycle
☐ e. Hop on one foot.
2. A 12 month old infant presents for a well-child visit. What developmental milestone is most appropriate?
☐ a. The infant puts three words together. "I want juice."
☐ b. The infant uses mama and dada consistently.
☐ c. The infant has a vocabulary of at least 50 words.
☒ d. The infant has one word other than "mama" or "dada".
☐ e. The infant is silent throughout the exam. Mother states that the child does not talk yet.
3. The following would be expected of a one year old **EXCEPT**
☐ a. Walks with one hand held
☐ b. Good pincer grip
☐ c. Drinks from a cup
☒ d. Happy to go to strangers
☐ e. Understands simple commands
4. The 50th centile weight of a 5 month old infant born healthy at term is:
☒ a. 7 kg
☐ b. 11 kg
☐ c. 7 pounds
☐ d. 4 kg
☐ e. 4 pounds
5. A single reading of weight of an infant at 10 months age of below fifth centile means that:
☐ a. He suffers a progressive pathology
☐ b. He is recovering from an illness
☒ c. He is of borderline weight now
☐ d. He is of abnormally low weight now
☐ e. He will never recover
6. Variable features of kwashiorkor include all the following **EXCEPT**
☐ a. Anemia
☐ b. Ectodermal changes
☐ c. GI manifestations
☒ d. Growth retardation
☐ e. Multiple vitamins & mineral deficiencies
7. In a premature infant who is suspected of having necrotizing enterocolitis (NEC), each of the following is correct **EXCEPT**:
☐ a. Septicemia is associated with an increased risk of NEC
☒ b. NEC is thought to be caused by systemic hypertension
☐ c. The finding of air in the portal vein indicates severe illness
☐ d. Respiratory distress increases the risk of NEC
☐ e. Apgar scores inversely correlate with the risk of NEC
8. Which of the following is false about physiological jaundice?
☐ a. It is rare to present before the age of 24 hours
☒ b. It may cause kernicterus
☐ c. In premature infants it may persist for 3-4 weeks
☐ d. It is mainly due to temporarily impaired hepatic clearance of bilirubin
☐ e. It does not always require treatment with phototherapy
9. Frequency of motions / day by the end of the 1st week is
☐ a. 10-12
☐ b. 1-2
☒ c. 4-5
☐ d. 8-10
☐ e. None of the above

10. A loud sudden sound near the neonate will initiate *naiss*
- ☒ a. Moro reflex
 - b. Suckling & swallowing
 - c. Rooting reflex and searching
 - d. All of the above
 - e. None of the above
11. Intrauterine growth retardation occurs due to
- a. Toxemia of pregnancy
 - b. Placental problems
 - c. Maternal hypertension
 - ☒ d. Antepartum hemorrhage
 - e. All of the above
12. A newborn female is noted to have edema of the hands and feet. Which of the following should be included in the differential diagnosis?
- ☒ a. Turner syndrome
 - b. Congenital nephrosis
 - c. Sepsis
 - d. Lymphedema
 - e. Congenital heart disease
13. 2 years old male infant, 6th born of non-consanguineous marriage, and 42 yrs old mother, presenting with mental retardation, hypotonia, short stature, wide gap between the first & second toes, and upward slant of palpebral fissure. The most probable karyotype of the foregoing case is
- ☒ a. 47, XY, +21
 - b. 47, XX, +21
 - c. 46, XY
 - d. 47, XY, +13
 - e. None of the above
14. Ten days old female neonate presenting with intrauterine growth retardation, clenched hands, rocker bottom feet and prominent occiput. The most probable karyotype of the foregoing case is
- a. 47, XY, +18
 - b. 47, XX, +13
 - c. 47, XXX
 - ☒ d. 47, XX, +18
 - e. 47, XX, +21
15. A person with a heterozygous AD disorder married a normal person, the recurrence risk in the offspring is
- a. 25%
 - ☒ b. 50%
 - c. 75%
 - d. 5%
 - e. None of the above
16. Hemophilia B is
- a. An AD disorder
 - b. An AR disorder
 - ☒ c. An XLR disorder
 - d. An XLD disorder
 - e. A multifactorial disorder
17. All of the following are examples of multifactorial inheritance EXCEPT:
- a. Cleft lip and palate
 - b. Congenital heart disease
 - c. Essential hypertension
 - ☒ d. Incontinentia pigmenti
 - e. Bronchial asthma
18. Phenylalanine is
- a. An essential amino acid
 - b. Can not be formed by the body
 - c. Must be supplied in the diet
 - d. Mandatory for growth and body building
 - ☒ e. All of the above

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An autosomal recessive disorder is characterized by all the following **EXCEPT**:

- a. Both parents are carriers
- b. Consanguinity increases its recurrence risk
- ~~c.~~ A 50% recurrence risk in each pregnancy if both parents are carriers
- d. A horizontal transmission in a family pedigree
- e. No sex predilection

Cross match each disease with its mode of inheritance (answer may be re-used for more than 1 question)

20. Rheumatic fever	e	a- AR
21. G6PD deficiency	c	b- AD
22. Hereditary spherocytosis	b	c- XLR
23. Phenylketonuria	a	d- XLD
24. Achondroplasia	b	e- Multifactorial

Cross match each disease with its etiology (answer may be re-used for more than 1 question)

25. Galactosemia	c	a. Trisomy 21
26. Down syndrome	a	b. Trisomy 18
27. Turner syndrome	d	c. Gal.1.P uridyltransferase deficiency
28. Marble bone disease	e	d. 45 (XO)
29. Edward syndrome	b	e. Defective osteoclasts

Cross match each vaccine with the suitable character (answer may be re-used for more than 1 question)

30. Sabin	e	a. Antigenic portion
31. Meningococcal ACWY	b	b. Polysaccharide conjugated
32. Hepatitis B	a	c. Toxoid
		d. Killed viral
		e. Live attenuated virus

33. A 2-week-old infant is jaundiced with pale stool and dark urine. He has hepatomegaly, elevated AST, ALT, conjugated bilirubin, and unconjugated bilirubin. Gall bladder is not seen on US. Most likely diagnosis?

- a. Alpha-1-antitrypsin deficiency
- ~~b.~~ Biliary atresia
- c. Cystic fibrosis
- d. Hepatitis B
- e. Hepatitis

34. Metabolic causes of neonatal cholestasis include the following **EXCEPT**:

- a. Galactosemia.
- b. Fructosemia.
- c. Tyrosinemia.
- ~~d.~~ Gilbert syndrome.
- e. Zellweger syndrome.

35. Hepatitis can be the result of

- a. Overactive immune system
- b. Drugs
- c. Chemicals
- d. Environmental toxins
- ~~e.~~ All of the above

36. All types of hepatitis are characterized with all the following **EXCEPT**

- a. Distortion of normal hepatic architecture
- ~~b.~~ Normal bile flow
- c. Kupffer cell enlargement & proliferation
- d. Acute and or chronic inflammation
- e. Variable degrees of hepatocellular necrosis

37. Risk factors of hepatitis A include all the following **EXCEPT**

- a. Recent travel or migration to an endemic area
- b. Sewage workers
- ~~c.~~ Multiple transfusion of blood and or its products
- d. Chronic institutionalization
- e. Day care employee or children

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38. Average incubation period of hepatitis B is

- ☒ a. 60 – 90 days
- c. 10 – 45 days
- e. None of the above
- b. 30 days
- d. 180 – 210 days

39. All the following are true EXCEPT

- ☒ a. HBs Ag documents recovery and/or immunity
- b. Anti HBcIgM is a marker of acute infection
- c. Anti HBcIgG is a marker of past or chronic infection
- d. HBeAg is an indicator of infectivity
- e. HBV DNA is active viral replication indicator

40. Autoimmune hepatitis could be treated with

- a. Interferon
- b. Lamivudine
- c. Interferon and ribavirin
- ☒ d. Corticosteroids and azathioprine
- e. All of the above

41. The main source of infection with viral hepatitis E is

- a. Blood and blood derivatives
- b. Body fluids
- ☒ c. Feces
- d. All of the above
- e. None of the above

42. Clinical clues for the diagnosis of portal hypertension include

- a. Splenomegaly
- b. Hematemesis
- c. Melena
- d. Ascites
- ☒ e. All of the above

43. An infant presented with repeated bouts of loose stool and thirst with very dry tongue, warm skin and some loss of skin turgor. He started to convulse. Which of the following results seem most likely in the case?

- ☒ a. Serum sodium level of 160 mEq/L
- b. Serum sodium level of 125 mEq/L
- c. Serum potassium level of 6 mEq/L
- d. Serum potassium level of 2.5 mEq/L
- e. Serum calcium of 5mg/dL

44. Which of the following is true regarding an infant with moderate dehydration?

- a. Diarrheal fluid tends to be hypertonic
- ☒ b. Shallow respirations are a sign of acidosis
- c. Vomiting can cause acidosis
- d. Weight loss is between 2-4 % of pre-dehydration weight
- e. None of the above

45. Gastro-esophageal reflux disease may present with the following

- a. Vomiting following meals
- b. Weight loss
- c. Nocturnal cough
- d. heart burn
- ☒ e. All of the above

46. In diarrhea, antibiotics can be used in the following infections EXCEPT:

- a. enterotoxigenic E. coli
- b. salmonella
- c. shigella
- d. campylobacter jejuni
- ☒ e. rotavirus diarrhea

47. A 10 month old girl presents with abdominal pain and diarrhea and red stool. She had episodes of crying and holding her abdomen. She looks intermittently uncomfortable. Abdomen is slightly distended with a curved mass extending from the right iliac fossa towards the hepatic flexure. The most likely diagnosis?

- a. Inborn errors of metabolism
- b. Constipation/encopresis
- ☒ c. Intussusception
- d. Renal anomalies
- e. Malignancy e.g. neuroblastoma, Wilm's, lymphoma

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48. Glucose in Oral rehydration solution is added to
- Improve the taste of Oral rehydration solution
 - Meet the child's energy requirements
 - Increase osmolality of ors to 400 mOsmol
 - ☒ Promote the absorption of sodium
 - Prevent malnutrition
49. The most common single cause of infantile gastroenteritis is:
- Campylobacter jejuni.
 - ☒ Rota virus.
 - Yersinia enterocolitica.
 - E coli.
 - Parvovirus B-19.
50. Common causes of vomiting in infants include the following:
- Overfeeding
 - Gastroenteritis
 - Systemic infection
 - Gastro-esophageal Reflux
 - ☒ All of the above
51. Which of the following statements applies to infants with gastroenteritis?
- In most instances require treatment with an antibiotic which is not absorbed from the gut
 - May have blood in their stools
 - ☒ Should be admitted to hospital if they are unable to tolerate fluid orally
 - Always develop lactose intolerance
 - Astrovirus is the most common cause
52. Predisposing risk factors for gastroenteritis include:
- Exclusive breast feeding
 - Well-nourished infant
 - Non vaccinated by pertussis
 - ☒ Environmental pollution
 - Passive smoking
53. Peaked and tall t wave in ECG of infant with gastroenteritis means :
- Hypokalemia.
 - Hyponatremia.
 - Hypernatremia.
 - ☒ Hyperkalemia.
 - Hypocalcemia.
54. A 2 year old child is admitted with a 2 day history of diarrhea. Choose the correct statment?
- Hyponatraemia is expected
 - Adenovirus is the commonest pathogen isolated
 - He should be treated with anti-diarrhoeal agents
 - ☒ Dehydration is best assessed clinically rather than biochemical
 - He should be treated with boiled water alone for 24 hours
55. In an emergency state the SAFE approach includes the following
- Shout for help
 - Approach with care
 - Free from danger
 - Evaluate ABC
 - ☒ All of the above
56. In a comatosed child, the patency of the airway should be assessed by:
- looking for chest
 - looking for abdominal movement
 - ☒ listening for breath sounds
 - feeling for breath
 - X ray chest
57. Of the following defects, which is not associated with Tetralogy of Fallot?
- Pulmonary stenosis
 - Over-riding dextroposed aorta
 - ☒ Atrial septal defect
 - Ventricular septal defect
 - Right ventricular hypertrophy

miss

58. Laboratory and radiologic findings in chronic hemolytic anemia include all the following EXCEPT:
- ~~a.~~ Direct hyperbilirubinemia
 - b. Reticulocytosis
 - c. Bone marrow erythroid hyperplasia
 - d. Shortened RBCs survival
 - e. Hair on an end appearance in a skull X ray
59. A child had impetigo followed 2 weeks later by oliguria, red urine and hypertension. Probable diagnosis is
- a. Nephrotic syndrome
 - b. Hereditary nephritis
 - ~~c.~~ Acute post streptococcal glomerulonephritis
 - d. IgA nephritis
 - e. None of the above
60. For the foregoing case, the urinary findings include
- a. Increased specific gravity
 - b. RBCs casts
 - c. Proteinuria
 - ~~d.~~ All of the above
 - e. None of the above
61. The following is true regarding post streptococcal glomerulonephritis
- ~~a.~~ Mostly self-limiting disease
 - b. Needs to drink liberal fluids during disease
 - c. Never turns into renal failure
 - d. Heavy proteinuria is a constant finding
 - e. None of the above
62. All the following is true about minimal change nephrotic syndrome EXCEPT
- a. More common in males
 - ~~b.~~ Always associated with hypertension
 - c. Liable for many relapses
 - d. Increased susceptibility to infection
 - e. It usually occurs between the age of 2 – 7 years
63. In treating the 1st attack of minimal change nephrotic syndrome, it is advisable to start with
- a. Corticosteroid therapy immediately
 - b. Indomethacin
 - c. Chlorambucil
 - d. Anticoagulants
 - ~~e.~~ Furosemide and or spironolactone
64. Etiology of pre-renal acute renal failure include all the following EXCEPT
- a. Hemorrhage
 - b. Septicemia
 - ~~c.~~ Systemic lupus erythematosus
 - d. Disseminated intravascular coagulation
 - e. Respiratory distress syndrome
65. Of the following findings one is NOT typical of minimal lesion nephrotic syndrome
- ~~a.~~ Gross hematuria and hypertension
 - b. Normal serum complement
 - c. Generalized edema
 - d. Proteinuria > 3000 mg/ m²/ day
 - e. High serum cholesterol level
66. In chronic renal failure
- ~~a.~~ Bone disease is a common feature
 - b. Bone disease is related to low serum aluminum
 - c. Serum phosphate is low
 - d. Tetany is common due to hypocalcemia
 - e. None of the above
67. In nephrotic syndrome you can find the following:
- a. Heavy proteinuria
 - b. Hypoproteinemia
 - c. Generalized edema
 - d. Hypercholesterolemia
 - ~~e.~~ All of the above

miss

58. Mark the correct statement on hematuria

- ☒ a. It is the presence of RBCs in urine
- b. It is the presence of hemoglobin in urine
- c. It always causes red urine
- d. Clear urine excludes it
- e. Terminal hematuria indicates urethritis

69. The diaper of a newborn infant showed orange staining, the most common cause is:

- a. Hematuria
- b. Bleeding tendency
- c. Jaundice
- ☒ d. Uricosuria
- e. None of the above

70. Polyuria can be found with

- ☒ a. Diabetes Mellitus
- b. Urinary tract infection
- c. Early phase of acute renal failure
- d. First day of Acute glomerulonephritis
- e. None of the above

71. Painful terminal Hematuria may be due to

- a. Glomerulonephritis
- b. Nephrotic syndrome
- c. Renal tumor
- ☒ d. Urinary bladder stone
- e. All of the above

72. Congenital hypothyroidism can present in the neonatal period by all the following EXCEPT ONE

- a. Hypothermia.
- b. Lethargy and poor feeding.
- c. Prolonged physiologic jaundice
- ☒ d. Neonatal convulsions
- e. Opened posterior fontanel

73. Hypoglycemia is found in all the following, EXCEPT:

- a. Galactosemia.
- b. Infant of diabetic mother.
- c. Hypopituitarism.
- ☒ d. Phenylketonuria.
- e. Low birth weight.

74. In diabetic ketoacidosis, all are true, EXCEPT:

- a. Ketonuria is constant.
- b. Mortality is 0.15 – 0.3%.
- c. Common presentation of newly diagnosed type I diabetes.
- ☒ d. Rapid restoration of blood glucose to normal level is essential.
- e. Short acting insulin is used for treatment.

75. A 9-year-old boy is brought to ER because he is lethargic with labored breathing. He used to urinate a lot. HR is 120/min, RR 32/min and blood pressure is 110/65 mm Hg. He has normal serum Na, K, Cl and creatinine with decreased bicarbonate and blood sugar of 850 mg/dL. The boy is treated with IV insulin and isotonic saline solution. He improved with blood glucose 450 mg/dL. What is the appropriate next step?

- a. Add glucose to this intravenous solution
- ☒ b. Add potassium to this intravenous solution
- c. Add sodium bicarbonate to this intravenous solution
- d. Begin treatment with intermediate-acting insulin
- e. Change the intravenous solution to hypotonic saline solution

76. Secondary diabetes mellitus may result from:

- a. Cystic fibrosis.
- b. Cushing syndrome
- c. Ingestion of certain drugs or poisons.
- d. Some genetic syndromes with abnormality of the insulin receptor
- ☒ e. All of the above

miss

77. The classic presentation of diabetes in children is with a history of:

- a. Polyuria
- b. Polydipsia.
- c. Polyphagia.
- d. Weight loss
- ~~e. All of the above~~

78. Differential diagnosis of diabetic ketoacidosis include:

- a. Encephalitis.
- b. Acute abdomen.
- c. Salicylate intoxication.
- d. Gastroenteritis with metabolic acidosis
- ~~e. All of the above.~~

79. The following are lines of treatment of insulin dependent diabetes mellitus EXCEPT:

- a. Insulin.
- ~~b. Dexamethazone~~
- c. Diet.
- d. Psychological management.
- e. Health education and Home glucose monitoring.

80. In cerebral palsy, the false statement is

- a. Patients may have normal cognitive abilities
- ~~b. Patients may have normal sensory functions~~
- c. Patients may have normal motor functions
- d. Patients may have normal visual functions.
- e. Patients may have normal auditory functions

81. In hydrocephalus

- ~~a. History of rash during pregnancy may help in etiologic diagnosis~~
- b. Adhesions in the subarachnoid space may result in obstructive hydrocephalus
- c. Progressive increase in skull circumference is less marked in early infancy
- d. Patients with hydrocephalus usually present since birth with the condition.
- e. Dandy-Walker malformation is usually accompanied by a myelomeningocele

82. A child presents with delayed walking. Which of the following would lead you to suspect a diagnosis of Duchenne muscular dystrophy?

- a. Calf muscle wasting
- ~~b. A history of recurrent falls~~
- c. Poor feeding since birth
- d. Urinary incontinence
- e. Abnormal nerve conduction studies

83. The viral infection most likely to cause CNS involvement and focal neurological findings is

- a. Coxsackievirus
- b. Herpes simplex
- ~~c. Enterovirus~~
- d. Rabies
- e. Rhinovirus

84. A mother describes her 5-year-old daughter as being "intelligent" but says she has occasional "lapses" during which she is "not here" and "drops things." What is the most likely diagnosis?

- a. Grand mal seizures
- ~~b. Petit mal seizures~~
- c. Focal seizures
- d. Myoclonic seizures
- e. Psychomotor seizures

85. A 4-year-old child has difficulty in climbing stairs, slow motor development, and hypertrophied calf muscles. The most likely diagnosis is

- a. Myasthenia gravis
- b. Myotonia congenita
- ~~c. Duchenne muscular dystrophy~~
- d. Hypokalemic periodic paralysis
- e. Central core disease

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Guillain-Barre syndrome may be related to:

- a. Direct bacterial neuritis.
- b. Autosomal recessive inheritance.
- c. Trauma to the spinal cord.
- d. Post viral complication.
- e. Vitamin deficiency.

87. Mention the right statement regarding Cerebral palsy :

- a. Slowly progressive.
- b. Is always fatal during infancy.
- c. Inherited in an autosomal recessive.
- ~~d. Central motor neuron disorder.~~
- e. Is usually acquired in late childhood.

88. Gingival hyperplasia is an adverse effect of therapy with

- ~~a. Phenytoin~~
- b. Cyclophosphamide
- c. Frusemide
- d. Carbamazepine
- e. Valproate.

89. A Characteristic feature of upper motor neuron lesion includes:

- a. Fasciculation.
- b. Muscle wasting in the acute stage.
- c. Hypotonia.
- d. Hyporeflexia.
- ~~e. Ankle Clonus.~~

90. Causes of macrocephaly include all of the following, EXCEPT:

- a. Thalassemia.
- b. Chronic subdural effusions.
- c. Hydrocephalus.
- ~~d. Congenital rubella infection.~~
- e. Familial.

91. Manifestations of increased intracranial pressure in infants include the following, EXCEPT:

- a. Vomiting.
- b. Seizures.
- c. Irritability.
- d. Squint.
- ~~e. Depressed anterior fontanel.~~

92. Fever, headache and convulsions of one-day duration with neck stiffness. The appropriate investigation is:

- a. Complete blood picture.
- b. Cranial ultrasound.
- c. Examination for error of refraction.
- d. Cerebrospinal fluid examination.
- e. Magnetic resonance imaging.

93. Severe Mental impairment can be associated in all of the following diseases, EXCEPT:

- a. Cerebral palsy.
- b. Duchenne muscular dystrophy.
- c. Fragile X syndrome.
- ~~d. Severe advanced hydrocephalus.~~
- e. Trisomies.

94. A 5 year old child had his first attack of generalized clonic seizures with normal examination and investigations (including EEG) then next subsequent plan of management is:

- a. Start giving long term antiepileptic drug therapy.
- ~~b. Long term antiepileptic drug therapy is not required and no need for follow up.~~
- c. Long term antiepileptic drug therapy is not required and follow up is needed.
- d. Antiepileptic drug therapy is needed for only 3 months.
- e. None of the above.

miss

95. Regarding febrile convulsions, the following is true EXCEPT:

- a. The most common seizure disorder in children.
- ~~b.~~ It usually develops into epilepsy.
- c. It is rare before 9 months and after 5 years of age.
- d. It is usually in the form of generalized tonic-clonic convulsions of a few seconds to 10 minutes duration.
- e. The seizure attack may persist for more than 15 min.

96. Differential diagnosis of Monosymptomatic nocturnal enuresis includes

- a. Oxyuris infestation
- b. Diabetes Mellitus
- c. Diabetes Insipidus
- d. Urinary Tract Infection
- ~~e.~~ All of the above

97. ADHD is characterized by all the following EXCEPT:

- a. Inattentiveness
- b. Impulsivity
- ~~c.~~ Impaired eye to eye contact
- d. Hyperactivity
- e. An onset before the age of 7 years

98. Investigations of a child with a suspected ADHD include

- a. Psychometric evaluation
- b. Thyroid function testing
- c. Serum Lead level
- ~~d.~~ All of the above
- e. None of the above

99. All is true about autism EXCEPT

- a. Definitive cause is still unknown
- b. Its prevalence rate is ranging from 10 – 20 \ 10000
- ~~c.~~ It is more common in females
- d. It develops before the age of 36 month of age
- e. None of the above

100. The clinical manifestations of autism include all the following EXCEPT

- a. Social impairment
- b. Defective verbal communication
- c. Defective non-verbal communication
- ~~d.~~ Inattentiveness
- e. Restricted, repetitive, and stereotyped pattern of behavior

Good Luck